## BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

ATTORNEY DOCKET I	NO
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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	(if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
Insert Title:	APPARATUS AND METHO	DD FOR EXTRACT	ring volatile co	NSTITUENTS		
	the specification of which is attached hereto	o. If not attached hereto,				
Fill in Appropriate	the specification was filed on			as		
Information -	United States Application Numb					
For Use	and amended on( if applicable); and/or					
Without Specification	the specification was filed on		as PCT			
Attached:	International Application Numb					
	amended on		(if applicable)			
Insert Priority	I hereby state that I have reviewed and by any amendment referred to above.  I acknowledge the duty to disclose in §1.56.  I do not know and do not believe the thereof, or patented or described in any prior to this application, that the same wa application, that the invention has not be application in any country foreign to the lomore than twelve months (six months for on this invention has been filed in any crepresentatives or assigns, except as followed in the continuous certificate listed below and a filing date before that of the application.  Prior Foreign Application(s)  2001-030923	e same was ever known or rinted publication in any constitution in any constitution in any constitution in public use or on sale en patented or made the substitution of the substitution	to patentability as defined in Title used in the United States of America unitry before my or our invention in the United States of America ubject of an inventor's certificate an application filed by me or my cation, and that no application for d States of America prior to this States Code, \$119 (a)-(d) of any any foreign application for paten	37, Code of Federal Recrica before my or our on thereof or more than more than one year properties issued before the day legal representatives or patent or inventor's of application by me or foreign application(s)	invention one year ior to this ate of this or assigns certificate my legal for patent ate having	
Information:   (if appropriate)	(Number)	(Country)	(Month / Day / Year Filed)	\(\frac{\text{X}}{\text{Yes}}\)	No	
(ii appropriate)	(Number)	(Country)	(,		Õ	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No	
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	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No	
	(Number)	(Country)	(Month / Day / Year Filed)	Yes	No	
Insert Provisional	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.					
Application(s):	(Application Number)			(Filing Date)		
	(Application Number)			(Filing Date)		
	All Foreign Applications, if any, for any the Filing Date of this Application:	Patent or Inventor's Certif	icate Filed more than 12 months	(6 months for designs	s) Prior to	
Insert Requested Information: (if appropriate)	Country	Ap	oplication Number	Date of Filing (Month /	Day/Year)	
Insert Prior U.S.	I hereby claim the benefit under Title 35 insofar as the subject matter of each of the in the manner provided by the first para which is material to patentability as defiling date of the prior application and the property of the provided by the first parameters.	ne claims of this application graph of Title 35, United Si fined in Title 37, Code of I the national or PCT internat	is not disclosed in the prior Unit tates Code, §112, I acknowledge Federal Regulations, §1.56 whic ional filing date of this application	ed States and/or PCT at the duty to disclose in the became available be on:	ipplication iformation	
Application(s):	PCT/JP02/00668 (Application Number)	01/29/2002 (Filing Date)	pending (Status - p	atented, pending, abandone	<u>d)</u>	
(if any)	(Application Multiper)	(* mile Date)	(2			
Page 1 of 2	(Application Number)	(Filing Date)	(Status - p	atented, pending, abandone	d)	

Attorney Docket No. 1131-0486P

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or **CUSTOMER NO. 2292** P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMPLETE THE FOLLOWING:				
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	GIVEN NAME FAMILY NAME  Masahiro CHIDA	INVENTOR'S SIGNATURE	ida-	DATE* 05/30/2003
Insert Residence Insert Citizenship	Ranagawa, bapan	1. pp person with the	CITIZENSHIP Japanes	e
Insert Mailing Address	MAILING ADDRESS (Complete Street Address inc c/o JAPAN TOBACCO INC., 6-2, Umegaoka, Aoba-ku,	<u>Yokoh</u> ama-shi, Kar	Research	Laboratory
Full Name of Second Inventor, if any:	GIVEN NAME FAMILY NAME YUKIO SONE	INVENTOR'S SIGNATURE Mukio Sone		DATE* 05/30/2003
see above	Residence (City, State & Country)		CITIZENSHIP	
	Kanagawa, Japan		Japanes	e
	MAILING ADDRESS (Complete Street Address Inc., C./O JAPAN TOBACCO INC., C.6-2. Umegaoka. Aoba-ku.	Tobacco Science Re	esearch L	aboratory -0052, Japan
Full Name of Third Inventor, if any	GIVEN NAME FAMILY NAME Taro YONEZAWA	INVENTOR'S SIGNATURE  Tone 30	lwa.	DATE* 05/30/2003
see above	Residence (City, State & Country)  Kanagawa, Japan	V	CITIŽĒNSHIP Japanes	e
Full Name of Fourth	MAILING ADDRESS (Complete Street Address incl c/o JAPAN TOBACCO INC., 5 6-2, Umegaoka, Aoba-ku, S	Yokohama-shi, Kana	esearch Lagawa 227	aboratory -0052, Japan
Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
see above	Residence (City, State & Country)		CITIZENSHIP	
	MAILING ADDRESS (Complete Street Address incl	uding City, State & Country)		
Fuli Name of Fifth Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
see above	Residence (City, State & Country)		CITIZENSHIP	
	MAILING ADDRESS (Complete Street Address inclu	uding City, State & Country)		
Page 2 of 2 (Revised 01/02)	* DATE OF SIGNATURE			
	VALE OF CICINATURE			